

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 17, 2023

Rebecca Lopez
Residential Opportunities, Inc.
1100 South Rose Street
Kalamazoo, MI 49001

RE: License #: AS390243308

Schuring 1013 Schuring Portage, MI 49024

Dear Ms. Lopez:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license and specialized certification for the developmentally disabled, will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

Cathy Cushman, Licensing Consultant Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664 Lansing, MI 48909 (269) 615-5190

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #: AS390243308

Licensee Name: Residential Opportunities, Inc.

Licensee Address: 1100 South Rose Street

Kalamazoo, MI 49001

Licensee Telephone #: (269) 343-3731

Licensee Designee: Rebecca Lopez

Administrator: Elisha Harvey

Name of Facility: Schuring

Facility Address: 1013 Schuring

Portage, MI 49024

Facility Telephone #: (269) 327-9315

Original Issuance Date: 03/20/2002

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date	of On-site Inspection: 02/17/2023
Date	of Bureau of Fire Services Inspection if applicable: N/A
Date	of Environmental/Health Inspection if applicable: N/A
No. d	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:
•	Medication pass / simulated pass observed? Yes ⊠ No □ If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes $oxtimes$ No $oxtimes$ If no, explain
,	Resident funds and associated documents reviewed for at least one resident? Yes No I If no, explain. Meal preparation / service observed? Yes No I If no, explain.
•	Fire drills reviewed? Yes 🗵 No 🗌 If no, explain.
•	Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, explain.
	E-scores reviewed? (Special Certification Only) Yes No No N/A No N/A No N/A No N/A No N/A No N/A No No N/A No No No No No No No No No N
•	Incident report follow-up? Yes ⊠ No □ If no, explain.
•	Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:
•	Number of excluded employees followed-up? N/A ⊠
•	Variances? Yes ☐ (please explain) No ☐ N/A ⊠

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

FINDING: Upon review of the Administrator, Elisha Harvey's, employee file, I determined her last TB test was 10/2018. Subsequently, there was no written evidence in her file confirming she had a TB test within the last three years, as required.

R 400.14208 Direct care staff and employee records.

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
 - (e) Verification of experience, education, and training.

FINDING: Upon review of direct care staff files, I determined there was no verification of training for direct care staff, Omarr Williams, relating to personal care, supervision, and protection and safety and fire prevention, as required.

R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

FINDING: Resident's prescribed dietary/nutritional supplements (e.g. Ensure and Boost) were observed in an unlocked pantry.

R 400.14403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

FINDING: The bathroom vanity on the left hand side of the resident bedroom hallway was observed with cracks around it's edges exposing the countertop underlayment. Additionally, the entire right side of the vanity countertop was discolored and/or stained.

R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

FINDING: The carpet in the facility's living room was observed ripped and torn. Additionally, the carpet had observable stains near on it located near the TV.

The bathroom on the left hand side of the resident bedroom hallway was observed to have an approximate 3 ft by 2 ft section of *hallway flooring* missing exposing the underlayment. The underlayment was dirty indicating it had been exposed a significant amount of time. The flooring in the bathroom was also observed to have stains and discoloration indicating the floors were not easily cleanable. Additionally, a vent on the left hand side of the bathroom was observed rusted with peeling paint. The section of metal wall behind the shower gurney was observed to be rusted and did not appear cleaned. The section of wall between the toilet and shower area, but beneath the metal section, appeared to be damaged and rotted exposing the inside of the wall. This section of wall would also be permeable to water.

Resident A and Resident B's bedroom, which was the last bedroom on the right hand side of the resident bedroom hallway, also had two sections of flooring missing exposing underlayment. These two sections were approximately 1 ft by 6 inches and 8 in by 4 in.

All the doors and door frames, and corresponding trim, located in the resident bedroom hallway, including resident bedrooms, bathrooms, and closets, were observed damaged and in disrepair. The frames were observed with deep scratches covering large areas of the door frames. Additionally, trim surrounding the door frames was observed insecurely attached because of the damaged door frames. Subsequently, the doors, door frames and trim did not appear to be easily cleanable and did not present a comfortable appearance for the residents.

Shoe molding throughout resident bedrooms and the hallway were observed insecurely attached to the walls.

R 400.14403 Maintenance of premises.

(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

FINDING: The bathroom on the right hand side of the resident bedroom hallway had a nonfunctioning tub in it. It was indicated during the inspection that the tub had been nonfunctioning for approximately 2 years, but a replacement tub was in the facility's garage.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and specialized certification is recommended.

02/17/2023

Cathy Cushman Licensing Consultant

Cathy Cushman

Date